

DOCUMENT RESUME

ED 441 294

EC 307 809

AUTHOR Fernandez, Roy C.; O'Connor, Carol
TITLE Attention Deficit Disorder: Two Mothers' Perceptions.
PUB DATE 2000-00-00
NOTE 11p.
PUB TYPE Reports - Research (143)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Attention Deficit Disorders; *Biofeedback; *Decision Making; *Drug Therapy; Family Characteristics; Junior High Schools; Mothers; Outcomes of Treatment; *Parent Attitudes; *Parent Child Relationship

ABSTRACT

This report discusses the outcomes of a study that investigated the decision-making process of two mothers' selection of treatment for their sons' attention deficit disorder (ADD). One mother opted for a medical treatment, and the other mother opted for a non-medical treatment. The boy who is medically treated is 14, and the non-medically treated boy is 12. Findings from the study indicate: (1) as toddlers both boys exhibited similar behavior patterns that both mothers considered to be out of the norm; however, they did not act on them until the boys entered elementary school, when they were advised by teachers to have their children evaluated for ADD; (2) the medically treated boy was examined and evaluated by a neurologist, while the non-medically treated boy was not; (3) the main difference in the treatment selection process of both mothers was the perception of the negative effects of drug therapy that the mother of the non-medically treated boy held; (4) both mothers were satisfied with the outcome of the treatment their sons received; (5) after 6 months of neurofeedback treatment, the non-medically treated boy was able to focus on his own without any treatment or drug. (CR)

This document has been reproduced as
received from the person or organization
originating it.
Minor changes have been made to improve
reproduction quality.

Points of view or opinions stated in this docu-
ment do not necessarily represent official NIE
position or policy.

"Attention Deficit Disorder: Two Mothers' Perceptions"

Roy C. Fernandez, Ph.D.

Lehman College, CUNY

Carol O'Connor

New York City Board of Education

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL HAS
BEEN GRANTED BY

Fernandez

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

1

ED 441 294

Attention Deficit Disorder (ADD) is currently a very controversial issue in American education. Much controversy surrounds its definition and its treatment. Attention Deficit Disorder affects 3 to 5 percent of all school children, most of them boys and there is no indication these numbers will decrease (Dolby, 1997). More and more children are being treated with drugs such as Ritalin for this disorder. Ritalin is prescribed for about 2.5 million school children in the United States (Russell, 1998). Since this disorder affects so many of our school children, we as educators should learn more about the disorder and the treatments. Educators, more than any other professionals, have the most contact with attention deficit disorder children. We should become more informed. Knowledge and understanding of this disorder will help us create strategies to accommodate the learning disabilities associated with ADD, and better advise parents as to treatment options.

The purpose of this teacher action research was to investigate the decision making process of two mothers' selection of treatment for their sons' ADD. One mother opted for a medical treatment and the other mother opted for a non-medical treatment. This with the hope of better informing both parents and teachers as to ADD: its diagnosis and choices of treatment options.

ADD is mired in controversy and dispute. While it exists in the United States, it is virtually unknown in the European and Asian culture. Causes run the gambit from a brain malfunction to environmental, none of which have been proven or confirmed by research. Although medical doctors believe in the diagnosis of ADD, they fear it is being over

EC 307809

diagnosed. They are afraid the criteria used to diagnose are so vague and very subjective that it can, and often leads to an overdiagnosis. The literature suggests doctors' causal and core beliefs greatly influence the choice of therapy. For example, Doctor Diller (1998) believes ADD has a multi-causal origin and uses a multi-modal therapy. Doctor's Judyth and Robert Volck (1997) use homeopathy because of their belief that "people can heal better, mentally and emotionally without drugs". Is Ritalin the miracle cure for ADD? Yes and no. The research shows in the short term, it improves the symptoms of ADD. However, studies also show that in the long term, Ritalin does not lead to better academic performance and social behavior (Hirsch, 1997).

Subjects/Method

Two questionnaires were compiled and conducted with two mothers of ADD children. Both mothers interviewed for this survey are in the education field. The mother of the medically treated child is an elementary school teacher and the mother of the non-medically treated child is an assistant school principal. Data were analyzed and formed the basis for a comparative case study. Both questionnaires were divided into the following seven categories: (a) demographics, (b) family history, (c) early "out of the norm" behavioral patterns, (d) key events/behavior patterns during school years that led to an ADD diagnosis, (e) the diagnosis/evaluation process, (f) treatment selection process, and the last category (g) the treatment and its impact on the disorder. The results of this survey are discussed in the following section.

Findings

(a) - Demographical Information

The boy who is treated with a medical treatment is fourteen and the non-medical treated boy is twelve. Boys are in junior high, the medically treated boy is in the tenth grade and the non-medically treated boy is in eight grades. Both boys live in suburbs and have the same souci-economic status.

(b) - Family Information

The medically treated boy is from a two-parent family and is the second youngest in his family. He has one younger brother and two older siblings (brother and sister). None of his siblings have displayed signs of the disorder, nor is there a family history of the disorder. He is part of an average white middle class family living in the suburbs and his mother is a teacher in an elementary school.

The non-medically treated boy is from a single parent family and has no other siblings. As with the medically treated boy, there is no history of ADD in the family. He is also part of an average white middle class family and his mother is an assistant principal in an elementary school.

(C)- Early Behavior Patterns

As toddlers both boys exhibited similar behavior patterns that both mothers considered to be "out of the norm". However, they did not act on them until the boys entered elementary school, when they were advised by teachers to have their children evaluated for ADD. Although the manifestations of these behaviors were different, the pattern of them seemed to fit into the some of the categories outlined in the DSM-IV

4
criteria (Diller, 1998) for diagnosing attention deficit disorder. They are inattention, impulsivity and hyperactivity.

Both mothers used different words to describe their sons' hyperactivity. Mother number one described her medically treated son as always in motion, while the mother of the non-medically treated son described him as very playful and hyper-energetic. Another sign displayed by these boys was impulsivity. The mother of the medically treated boy said he would stand in the toilet bowl with his new shoes on and rub his feces on the walls. Mother number two said her non-medically treated son was a risk taker. At the early age of two he ran out of the house and proceeded to ride his big wheels away from the house.

(d) - Key Events/Behavior Patterns During Early School Years

Both boys exhibited behavior patterns during their early school years, which led to a recommendation by their teachers to have them evaluated for ADD. It was at this time that the boys' inability to focus manifested itself. This is another behavior pattern found in the DSM-IV criteria for diagnosing ADD. As with the earlier history both boys showed similar behavior patterns, but the mothers used different words to describe them. Mother number one described her medically treated son as highly active and unable to focus on some days and not on others. His mother as very easily destructive and unable to focus or follow a set of instructions at one time described the non-medically treated boy.

(e) - The Diagnosis/Evaluation Process

One of the differences in the diagnosis or evaluation process between the boys was the medically treated boy was examined and evaluated by a neurologist. A neurologist did not see the non-medically treated boy. However, a child psychologist was consulted to rule

out any emotional problems and was used by both mothers. The neurologist evaluated the medically treated boy using teacher and parent observations. Mother number two (the non-medically treated boy) could not recall the criteria used by the doctor to evaluate her son. In her case a child psychologist diagnosed her son's ADD, not a neurologist as in the case of the medically treated boy.

(f) - The Treatment Process and the Mother's Expectations

Before discussing the different treatments it's important to note, the similarities and differences in the selection making process of each mother in the survey. There are many similarities in this process. Each mother read various information, investigated the different treatment options and consulted with many doctors before making the final decision of what treatment would be best for their boys' ADD. Also, both were advised to use Ritalin for their sons' ADD. They both had the same expectations of the treatment. Both wanted the treatment to help their boys stay focus in school and be less hyperactive.

The main difference in the treatment selection process was the perception of what drugs do to children that the mother of the non-medically treated boy held. This perception came from her years of experience in the education field. It afforded her an opportunity to observe first hand what drugs can and had done to children. This experience was the deciding factor for her, and she was never going to let that happen to her son. So she rejected the doctor's advice, looked for and was determined to find a nonmusical treatment for her son. For her, treating her son with drugs was never an option.

The mother of the medically treated boy was also in the education field. However, this experience had no impact on her decision to select what treatment would be best for ADD son. She had no preconceived thoughts about the effects drugs had on children. This was not a factor in her decision to select the best treatment for her son. She took her doctor's advice and opted for the most popular drug treatment, Ritalin, to treat her son's attention deficit disorder. However, before starting her son on a drug treatment, she did try a behavior modification for approximately two weeks without success. Also before starting him on Ritalin, she tried him on Adarax, an antihistamine for approximately two weeks. This treatment as well as the behavior modification had no effect on her son's attention deficit disorder.

(g) - The Treatments

The history of the treatment for the medically treated boy starts at the age of seven while in the second grade. He started on five milligrams of a timed release Ritalin. The dosage was increased over the next five years and the boy is now given 20mg of Ritalin once a day. He is monitored by the family pediatrician and watched for any unusual weight or height changes as well as any growth problems. According to the mother of the medically treated boy, Ritalin has met her expectations. Her son's attention deficit disorder is under control. Ritalin enables him to stay focused in school and be less hyperactive. His mother said Ritalin has helped his academic performance. In fact, she notices on days he does not take Ritalin, his focus is off and so is his performance.

The non-medically treated boy also started his treatment at the same age. He was treated with neurofeedback twice a week for over six months. It reinforced certain brain

waves and helped him stay focused on his schoolwork and be less hyperactive. As with the mother of the medically treated boy, this nonmusical treatment has met her expectations. Her son's attention deficit disorder is under control.

As the results of the treatments outlined in the previous paragraphs suggest, both boys now have their attention deficit disorder under control. They are now able to focus and are less hyperactive. However, the biggest difference is in the duration of the treatment. The medically treated boy needs and will need for an indefinite period of time Ritalin to help him focus and be less hyperactive. This is not the case with the non-medically treated boy. He is now able to focus on his own without any treatment or drug.

Summary of the Findings

The findings above show there are many similarities and differences in all of the categories. Both boys are white, attend junior high, belong to an average middle class family and have no ADD family history. However, their ages and family structures are different. Although both mothers used different words to describe the boys' early behavior patterns and early school behavior patterns, they were very similar. The one similarity in the diagnosis process was that a child psychologist saw both boys. The differences in the diagnosis process are: the medically treated boy was evaluated and diagnosed as having ADD by a neurologist and the non-medically treated boy was not seen by a neurologist and his ADD was diagnosed by a child psychologist.

The similarities in the treatment selection process of each mother are as follows: both mothers read extensively about ADD and treatments, investigated many options,

consulted doctors and held the same expectations for the treatment. The main difference in the process is found in one mother's perception of the impact drugs have on children and how it helped her decide not to use a drug treatment. The mother of the medically treated boy had no preconceived thoughts and selected the medical treatment.

There are two differences found in the treatment. The medically treated boy is being treated with Ritalin and will be on it for an indefinite period of time. The non-medically treated boy was treated with a neurofeedback treatment for approximately six months and now is able to stay focus on his own and needs no further treatment. The similarity in the treatments is found in the results. Both boys are now able to focus on schoolwork that has resulted in better academic achievement. Both boys now have their attention deficit disorder under control, not cured.

Conclusions/Recommendations

The findings suggest that the non-medically treated boy controls the behaviors associated with ADD on his own and secondly, he controls them without the help of drugs. This is not so with the medically treated boy. As it stands today, he will always need a drug to control the behaviors associated with his attention deficit disorder; he cannot do it on his own. This is reinforced by his own mother's observations. She says that when, and for whatever reason he does not take his Ritalin, she notices he is unfocused and his performance is off. The literature is congruent with this assessment of the treatment. According to information found in the Harvard Mental Health Letter (1995) " the symptoms usually return in full force after the child stops taking the drug."

Children with ADD are effectively being treated with a nonmedical treatment. We recommend that parents consider the following, when deciding on treatment options for their children's ADD (a) be absolutely sure your child has ADD; This study, and past research, has shown many doctors believe there is an overdiagnosis Of ADD in American school children. The literature cites many studies showing attention deficit disorder to be an American phenomenon that has grown ever since it came under the 1990 American for Disabilities Act; (b) investigate thoroughly all treatments for the disorder. However, realize that Ritalin is a psycholstimulant regulated by the Drug Enforcement Agency and in the same category as cocaine. Ask yourself, do you want your child on drugs for his life? Become very knowledgeable about the short and long term effects Ritalin has on your children; (c) become an informed parent and, consider all options available to you before selecting the treatment for your ADD child.

Additionally, teachers should investigate different techniques and strategies to help children with attention deficit disorder, so they can have a better understanding of the disorder to help children while in their classroom.

Recommendations for future research include: (a) increase sample to include both black and white children, inner city children and different socio economic levels; (b) include children with different nonmedical treatments, children who were and are no longer being treated with Ritalin; and (c) interview the fathers and the ADD children for their input into the process.

References

Diller, L. H. (1998). Running on Ritalin. New York: Bantam Books.

Dolby, V. (1997, February.). There are a variety of time-tested
Treatments for childhood ADD. Better Nutrition. 59, n2, 48(1).

Hirsch, D. (1996, March). ADD and mental retardation. The Exceptional Parent, 26, N3,
87 (1) 39 (1).

Volk, D. (1997, May). Not your ordinary workout: Handle Institute creates unusual
exercises to treat attention deficit disorder, Autism. Puget Sound Business Journal, 18, n2,
12A(1).

Woolfolk, A.E. (1995). Educational Psychology. (6th Ed.) Boston: Allyn and Bacon.